

FILED FEB 11 1942

Registration District No. 407-1167

Primary Registration District No. 4241

Registrar's No.

1. PLACE OF DEATH:

(a) County Jasper  
(b) City or town Casterville, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution (Specify whether)  
In this community years, months or days

3. (a) PRINT FULL NAME

Daniel Jess Woodard

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male Color or race White

6. (a) Single, widowed, married, divorced, widowed

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased 7 Nov (Month) 30 (Day) 18 63 (Year)

8. AGE: Years 78 Months 0 Days 10 If less than one day hr. min.

9. Birthplace Waverly, Ohio (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Business

12. Name Joshua Woodard

13. Birthplace P. Ohio (City, town, or county) (State or foreign country)

14. Maiden name Ellen Saylor

15. Birthplace Virginia (City, town, or county) (State or foreign country)

16. (a) Informant William Woodard

(b) Address Casterville

17. (a) Burial (b) Date thereof Dec 12 1941 (Month) (Day) (Year)

(c) Place: burial or cremation Casterville

18. (a) Signature of funeral director W. H. City and Co.

(b) Address W. H. City and Co.

19. (a) Dec 16-1941 (b) D. W. Clark (c) Registrar's signature

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper  
(c) City or town Casterville (If outside city or town limits, write "RURAL")  
(d) Street No. 4227 Washington (If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 10 year 19 41 hour 1 35 minute 0 M.

21. I hereby certify that I attended the deceased from August 1940 to Dec 10 1941, that I last saw him alive on Dec 10 1941, and that death occurred on the date and hour stated above

Immediate cause of death Cerebral hemorrhage Duration 6 days

Due to Arteriosclerosis and Hypertension

Other conditions Chronic hepatitis Unknown (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy 1316

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)  
(b) Date of occurrence  
(c) Where did injury occur? (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature D. W. Clark (M. D. or other) D. W. Clark Address Casterville Date signed 12-15-41

42-1-19  
Mail to Webb City Ind. Co.

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by myself

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed

Edw. M. Johnston

Licensed Embalmer No. 3,922

P. O. Address Webb City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.